

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735097 (8)
1. Corporation Name
VILLAS OF SHERIDAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2522 N. 38TH AVENUE HOLLYWOOD FL 33021 US **2522 N. 38TH AVENUE HOLLYWOOD FL 33021 US**

3. Date Incorporated or Qualified **02/26/1976** 3a. Date of Last Report **04/21/1995**
4. FEI Number **59-1690491** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**PATRICIA M. BERGMAN
2522 NORTH 38TH AVENUE
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
81 Name **JONATHAN SHOCHAT**
82 Street Address (P.O. Box Number is Not Acceptable) **3915 SHERIDAN ST**
83 **HOLLYWOOD FL 33021**
84 City **FL** 85 Zip Code **33021**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **2-13-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGMAN, PATRICIA M.	1.2 NAME	SHOCHAT, JONATHAN
STREET ADDRESS	2522 N. 38TH AVE.	1.3 STREET ADDRESS	3915 SHERIDAN ST.
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HOLLYWOOD, FL.
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSCARELLA, RHODA	2.2 NAME	SELINGER, CRAIG
STREET ADDRESS	3909 SHERIDAN ST.	2.3 STREET ADDRESS	2556 N. 38TH AVE.
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENFIELD, MARILYN	3.2 NAME	SHOCHAT, RUTH
STREET ADDRESS	3919 SHERIDAN ST.	3.3 STREET ADDRESS	3915 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	HOLLYWOOD, FL.
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POZNANSKI, FRIDA	4.2 NAME	LANGE, EUGEN
STREET ADDRESS	2546 N. 38TH AVE.	4.3 STREET ADDRESS	2530 N. 38TH AVE
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CASMAS, DANIEL
STREET ADDRESS		5.3 STREET ADDRESS	2550 N. 38TH AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HOLLYWOOD, FL.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JONATHAN SHOCHAT** DATE **2-13-96** DAYTIME PHONE # **(305) 964-9173**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (12/95)